


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000090031 1. Entity Name 59 NW 37TH STREET, L.L.C. |  |
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|--|--|
| Principal Place of Business 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021 | Mailing Address 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021 |
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|--|---------------------|------------------------------------|---------|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | 03272007 | Chg-LLC | CR2E083 (12/06) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 83-0439316 | | |
| City & State | City & State | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> |

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

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| 6. Name and Address of Current Registered Agent SERFATY, CHARLES S 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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|---|--|--|
| Filing Fee Is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|--|-----------------------|---|
| TITLE | MGR SCHULMAN, BEN <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHULMAN, BEN | NAME | |
| STREET ADDRESS | 4340 SHERIDAN STREET, SECOND FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | CITY-ST-ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GELBER, ROBERT | NAME | |
| STREET ADDRESS | 4340 SHERIDAN STREET, SECOND FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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05/09/07-80063-014 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ *[Signature]* _____ *[Signature]* 7/24/07 954 894 8449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #